

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

LAKE 55196

WELL I.D. LABEL# L 153741
 START CARD # 219038
 ORIGINAL LOG # LAKE 4202

(1) LAND OWNER
 Owner Well I.D. POD#2
 First Name Kenneth Coley Last Name Neider
 Company _____
 Address 17912 Junnel Hill Rd
 City Lakeview State OR Zip 97630

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
 Dia + From To Gauge Stl Plstc Wld Thrd
 Casing: 10 0 200 1/4 X 0 X 0
 Material From To Amt sacks/lbs
 Seal: CEMENT 0 20 20 2025

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 275 ft.
 BORE HOLE SEAL sacks/
 Dia From To Material From To Amt lbs

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|------------|
| | | | | | | | | | |
| | | | | | | | | | Calculated |
| | | | | | | | | | Calculated |

How was seal placed: Method A B C D E
 Other SEAL NOT DISTURBED.
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER
 Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd

| | | | | | | | | | | |
|--------------------------|-------------------------------------|-----------|--------------------------|----------|------------|-------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>8"</u> | <input type="checkbox"/> | <u>0</u> | <u>275</u> | <u>1/4"</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method FACTORY
 Screens Type _____ Material _____

| Perf/S green | Casing/Screen Liner | Dia | From | To | Scrn/slot width | Slot length | # of slots | Telc/ pipe size |
|--------------|---------------------|-----------|------------|-------------|-----------------|-------------|------------|-----------------|
| | | <u>8"</u> | <u>75'</u> | <u>275'</u> | <u>1/4"</u> | <u>4"</u> | | |
| | | | | | | | | |
| | | | | | | | | |

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

| | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |

 Temperature _____ °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
| | | | | |
| | | | | |

(9) LOCATION OF WELL (legal description)
 County Lake Twp 39S N/S Range 19E E/W WM
 Sec 29 SENE 4 of the 5E 4 Tax Lot 7501
 Tax Map Number _____ Lot _____
 Lat _____ " or 42.1548333 DMS or IX
 Long _____ " or -120.4946634 DMS or IX
 Street address of well Nearest address

17912 Junnel Hill Rd Lakeview 97630

(10) STATIC WATER LEVEL

| Existing Well / Pre-Alteration | Date | SWL(psi) | + | SWL(ft) |
|--------------------------------|-----------------|----------|---|-----------|
| | <u>12/1/25</u> | | | <u>60</u> |
| Completed Well | <u>12/16/25</u> | | | <u>60</u> |

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found

| SWL Date | From | To | Est Flow | SWL(psi) | + | SWL(ft) |
|----------|------|----|----------|----------|---|---------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

(11) WELL LOG Ground Elevation _____

| Material | From | To |
|------------------------------|-------------|-------------|
| <u>BLACK & BLUE SAND</u> | <u>200'</u> | <u>275'</u> |
| | | |
| | | |
| | | |
| | | |

RECEIVED
 JAN 15 2026
 OWRD

Seal Placement Date: _____
 Seal Placement Time: _____
 Construction Begin Date: 12/1/25
 Construction Begin Time: 8am
 Construction End Date: 12/16/25

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number 99999999 Date 1/10/25
 Signed [Signature]

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 999999 Date 1/10/25
 Signed [Signature]
 Contact Info (optional) _____

